



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 9, 2007

Kaddy Fyfe, Administrator
Willows, The
898 S Meridian St
Blackfoot, ID 83221

License #: RC-626

Dear Ms. Fyfe:

On November 8, 2006, a life safety code survey was conducted at Willows, The. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 20, 2006

FILE COPY

Kaddy Fyfe, Administrator
The Willows
898 S Meridian St
Blackfoot, ID 83221

Dear Ms. Fyfe:

On November 8, 2006, a life safety code survey was conducted at The Willows. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R626		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 11/08/2006	
NAME OF PROVIDER OR SUPPLIER WILLOWS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 898 S MERIDIAN ST BLACKFOOT, ID 83221			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 8, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire Safety & Construction</p>			R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

GVMY21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>The Willows</i>	Physical Address <i>898 South Meridian</i>	Phone Number <i>782-1478</i>
Administrator <i>Kaddy Fyfe</i>	City <i>Blackfoot</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Eric man ell</i>	Survey Type <i>Fire / Life Safety</i>	Survey Date <i>Nov 8, 2006</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.06	<u>Man-made hazards</u> : A low height, 4-strand barb wire fence is provided on the south side of the facility. It does not provide the necessary protection against residents wandering to the canal adjacent to the property. Fence height 32 inches; 4 strand.	Delayed 3/2/07 MP6
2	16.03.22.415.01	<u>Maintenance</u> : The mechanical room had two holes cut in the gypsum board that exposed wooden studs.	12/5/06
3	16.03.22.750.03	<u>Fuel-fired heating device</u> : A report was not maintained on file at the facility showing the furnaces had been inspected. Last inspection was done 2/2005 which was over 12 months from date of survey.	12/5/06
4	16.03.22.750.06	The automatic fire sprinkler system report was not maintained on file as required.	11/9/04 EM

Response Required Date

December 8, 2006

Signature of Facility Representative

X Kaddy Fyfe